

Notification for Removal or Closure of In Place Underground Storage Tanks Regulated Under 527 CMR 9.00						
Forward completed form to: Massachusetts UST Compliance Unit, Department of Fire Services, P.O. Box 1025 - State Road, Stow, MA 01775 978-567-3375 Forward one copy of FP-290R to local fire department.					State Use Only	
If a storage facility has UST's which are to remain in use, an entire amended FP-290 (long form) must be filed.					A. Facility Number _____ B. Date Entered _____ C. Clerk's Initials _____ D. Comments _____ _____ _____ _____ _____	
Note: "Facility street address" must include both a street number and a street name. Post office box numbers are not acceptable and will cause a registration to be returned. If geographic location of facility is not provided, please indicate distance and direction from closest intersection, e.g., (facility at 199 North Street is located) 400 yards southeast of Commons Road (intersection).						
I. OWNERSHIP OF TANK(S)				II. LOCATION OF TANK(S)		
Owner Name (Corporation, Individual, Public Agency, or Other Entity) _____ Street Address _____ Mailing Address (if different from street address) _____ City _____ State _____ Zip Code _____ County _____ Phone Number (Include Area Code) _____ Owner's Employer Federal ID # _____				Give the geographic location of tanks by degrees, minutes, and seconds. Example: Lat. 42, 36, 12 N Long. 85, 24, 17W Latitude _____ Longitude _____ Distance and direction from closest intersection (see note above) _____ Facility Name or Company Site identifier, as applicable _____ Street Address (P.O. Box not acceptable - see note above) City _____ State _____ Zip Code _____ County _____		
III. TANKS/PIPING REMOVED OR FILLED IN PLACE						
Tank Number	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____	
1. Tank/Piping removed or filled in place (mark all that apply)						
A. Substance last stored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
B. Tank capacity gallons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C. Estimated date last used (mo./day/yr.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D. Estimated date of removal (mo./day/yr.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
E. Tank was removed from ground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F. Tank was not removed from ground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tank was filled with inert material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Describe material used:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
G. Piping was removed from ground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
H. Piping was not removed from ground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I. Other, please specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Tank Number (cont.)	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. _____
2. Tank closed in accordance with 527 CMR 9.00	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
A. Evidence of leak detected	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. Mass. DEP notified	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
1. Mass. DEP tracking number	_____	_____	_____	_____	_____
2. Agency or company performing contamination assessment *	_____	_____	_____	_____	_____
<p>I declare under penalty of perjury that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.</p>					
Name and official title of owner or owner's authorized representative (Print)	Signature:			Date:	
_____	_____			_____	